ADVANCED TECHNICAL RESCUE TEAM (ATR)

INDEPENDENT HOSE COMPANY #1

310 Baughmans Lane, Frederick, MD 21702

301-663-9612

NOTE: Applicants must meet/exceed the following requirements before applying:

- 1. Active member in good standing of a Fire/Rescue Department in Frederick County.

 2. Successfully completed and maintain: Firefinites 1 4st Responder or higher Possure.

2. Successfully completed and maintain: Firefighter-I, 1th Responder or higher, Rescue Technician, Specialty certifications or their equivalents. 3. Favorable recommendations from Chief of affiliated Fire/Rescue Department ALL APPLICATIONS MUST BE ACCOMPANIED WITH COPIES OF REQUIRED CERTIFICATIONS AND RECOMMENDATION LETTER, FAILURE TO DO SO WILL RESULT IN REJECTION BY THE TEAM Applying for: Active Membership 18yrs – older Frederick County, MD Affiliated									
PERSONAL INFORMATION			DATE						
LAST NAME		FIRST NAME		DATE OF BIRTH					
ADDRESS		CITY		STATE	ZIP				
HOME PHONE		WORK PHONE		CELL PHONE					
EMAIL ADDRESS									
EDUCATION									
HIGH SCHOOL	LOCATION		MAJOR		DEGREE/YR				
COLLEGE	LOCATION		MAJOR		DEGREE/YR				
EMPLOYMENT									
EMPLOYER			YEARS EMPLOYED						
ADDRESS			JOB TITLE						
SUPERVISOR			DUTIES						
FIRE AND RESCUE									
FIRE/RESCUE DEPT	. AFFILIATION								
YRS OF SERVICE			POSITIONS HELD						
(ii) This has may south hidders. This is the law most contact of disks shift for how good in south has been sound									
Have you been convicted of a crime within the last 5 years? ☐ Yes ☐ No									
If yes, please describe									

Are there ANY medical conditions or problems that the Team should be aware of that could impair your ability to

If yes, please describe

<u> </u>					
Do you perform regular exercise, w	hether for cardiova	scular fitness	or for st	rength training?	☐ Yes ☐ No
Please explain					
How do you rate your endurance-w	vise from 1 to 10, w	ith 10 being th	ne best p	ossible shape?	
Check: ☐ 1 ☐ 2 ☐ 3 ☐ 4	4 🗌 5 🔲 6	7 8	<u> </u>	□ 10	
Are you afraid of heights?	☐ Yes ☐ No)			
Please explain					
REFERENCES Please provide the names of at lea one year.	st three people loca	ally, not relate	d to you	, who have know	n you for at least
Name	Address			Phone	
TRAINING REQUIREMENTS FOR ACTIVE To the best of my knowledge, the above permission to verify all information and abide by the rules of this organization.	statements made by n to check with the polic	e for a report or	accurate. n any arre	The Investigating C sts and/or felony co	ommittee has my nvictions. I agree to
Date of Application	Signature of App	plicant			
Date Received	X Team Member R	leceiving Applic	ation		
	ALL OF YOUR FIRE/RE S: CONTACT Margare				ATION
Pleas	e mail this application	and all supporti	ing docun	nents to:	
	INDEPENDEN	T HOSE COM	IPANY		
	Atten:	ATR TEAM			
31	10 Baughmans La	ne, Frederick	, MD 21	702	
	THIS SPACE I	FOR TEAM USE	ONI Y		
Report of Investigating Committee:	□ FAVORABLE	UNFAV			
Comments of the Committee:					
Date Chairman, Investigating Committee					
ACTION BY MEMBERSHIP:	□ACCEPTED	□ REJEC	TED		
Date	Secretary			-	